

New York State Department of Taxation and Finance Claim for Child and Dependent Care Credit New York State • New York City

IT-216

| ame(s) as shown on return | | | | | ▼ Your s | social security number | | |
|--|---|---|---|-----------------------------------|----------------------|---|-----------------|--|
| Have you already filed yo If Yes, you must file an Form IT-216 to claim th | amended New York Sta | | | Yes | No 🗌 | | | |
| Persons or organizations | who provided the care | . (If you have more than | two provide | rs, see instruc | tions.) | | | |
| A - Care provider's first na middle initial, and last na | · · · · · · · · · · · · · · · · · · · | B - Address | | - Identifying nur (SSN or EIN) | mber | D – Amount paid (see instructions) | | |
| | | | • | | • | |]. | |
| | | | • | | • | |]. | |
| Qualifying persons you at | | | | ructions.) | | | | |
| A – First name and middle initial | B – Last name | C – Qualified expenses paid in 2011 | D – Person with disability (see instr.) | | Social security numb | er F – Ye | · Year of birth | |
| | | | • | • | | • | | |
| | | | : | : | | | | |
| | | | • | • | | • | | |
| | | | | : | | | | |
| Total of line 3, column C a | amounts. Include amou | ınts from additional s | sheet(s), if a | ny | 3a. | | | |
| Can you claim an exempt | ion for all the qualified | persons listed on line | e 3 and any | additional s | heet(s)? | Yes | No \square | |
| Note: On line 5, if you are Include as qualified expe | 0 | • | | | | | | |
| Enter the smallest of: — line 3a above; or | | | | | | | | |
| federal Form 2441, line3,000 if one qualifying | e 3; or person, or 6,000 if two | or more qualifying p | ersons | | 5. | Dollars | Cei | |
| Enter your earned income If your filing status is ② M | • | | | | 6. | | • | |
| all others, enter the amount from line 6 (see instructions) Enter the smallest of line 5, 6, or 7 | | | | | | | | |
| Enter the amount from: fe | deral Form 1040A, line | 22, | | | | | | |
| | ne 38 | 9. | | | • | | | |
| or federal Form 1040, I | | | | | | | | |
| or federal Form 1040, li Enter the decimal amoun on line 9 from the <i>Table</i> | | | | | 10. | | | |

| | Dollars Cents |
|---|------------------|
| 12 Amount from line 11 | |
| 13 Enter your New York adjusted gross income (Form IT-201 filers, | |
| line 33; Form IT-203 filers, line 32) | • |
| Use the New York State child and dependent care | |
| credit limitation table in the instructions to determine the decimal to be entered on this | line 13. |
| 14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and | dependent |
| care credit (see instructions) | |
| Part-year New York State residents | |
| 15 Enter the amount from Form IT-203, line 40 | |
| If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below. | <u> </u> |
| 16 Subtract line 15 from line 14. This is your excess child and dependent care credit | |
| 17 Enter the amount from Form IT-203-ATT, line 29 (If you are not required to file Form IT-203-ATT blank and continue on line 18 below.) | |
| If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 17 is less than line 16. | ne 16 amount |
| 18 Subtract line 17 from line 16. This is your remaining excess child and dependent care | credit 18. |
| 19 Enter the amount from line 18, Column D, of the | · |
| Part-year resident income allocation worksheet | |
| in the instructions for Form IT-203 | |
| 20 Enter the amount from line 18, Column A, of the | |
| Part-year resident income allocation worksheet | |
| in the instructions for Form IT-203 | • |
| 21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) | 21. |
| 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the | |
| refundable portion of your New York State part-year resident child and dependent | care credit. 22. |
| New York City child and dependent care credit | |
| If you were a resident of New York City at any time during 2011 and your federal adjusted gross inc \$30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instructions) and you listed a 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions | child under |
| 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 year IT-201 filers: | ars old 23. |
| 24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 1 | 13) |
| 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 | 25. |
| | |
| 26 Part-year New York City resident nonrefundable New York City child and dependent care | |
| (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a | 26. |
| IT-203 filers: | |
| 27 Nonrefundable portion of your part-year New York City resident New York City child and | dependent |
| care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b | · I I |
| 28 Refundable portion of your part-year New York City resident New York City child and dep | |
| care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a | |
| Part-year New York City resident filers only: | |
| 29 Enter the amount from Worksheet 1, line 10 | |
| 30 Enter the amount from Worksheet 1, line 11 | |

